



## SELLER OF TRAVEL REGISTRATION APPLICATION

(See enclosed instructions for assistance. Use an additional page as needed for each question.)

LEAVE THIS SPACE BLANK

**PLEASE PRINT OR TYPE**

1. \_\_\_\_\_  
TODAY'S DATE

2. Have you, any owner, or manager of this business ever previously applied for registration as a Seller of Travel?

CHECK ONE: ☐ YES ☐ NO

If YES, enter Seller of Travel Program registration number(s): \_\_\_\_\_

Enter the business start date (when applicant has or will have first advertised, offered, arranged, or sold air or sea transportation): \_\_\_\_/\_\_\_\_/\_\_\_\_

LEGAL NAME OF APPLICANT(S)

3.

STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS

ARC/IATAN NUMBER

4.a.

CITY, STATE, AND ZIP CODE

COUNTRY

MAILING ADDRESS (IF DIFFERENT FROM 4a)

4.b.

CITY, STATE, AND ZIP CODE

COUNTRY

CALIFORNIA COUNTY WHERE BUSINESS IS LOCATED (SEE 4a)

4.c.

or ☐ Located outside California

NAME OF PRIMARY CONTACT PERSON

TELEPHONE

FAX

4.d.

4.e. List the street address, city, state, and zip code of additional business locations.

Provide the ARC/IATAN number(s), if any.

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(4) \_\_\_\_\_

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.f. Number of business locations \_\_\_\_\_ (Combine 4a & 4e)

4.g. Check your affiliation status: ☐ ARC ☐ IATAN ☐ None ☐ Pending (ARC or IATAN) ☐ Suspended (ARC or IATAN)

4.h. Optional: Name and address of attorney or consultant if you want that person sent copies of any notices of deficiencies in your submitted application:

ALL FICTITIOUS BUSINESS NAMES (D.B.A.) UNDER WHICH YOU DO BUSINESS OR INTEND TO DO BUSINESS

5. \_\_\_\_\_  
\_\_\_\_\_

You must attach copies of all your current Fictitious Business Name statement filings: ☐ Attached

5.a. Your URL address (web site address) (Optional) \_\_\_\_\_

## CHECK TYPE OF OWNERSHIP:

- 6.a. ☐ Sole Proprietorship ☐ Husband/Wife Co-Ownership ☐ Partnership  
☐ Limited Liability Company ☐ Corporation ☐ Other legal entity; describe below:

IDENTIFY THE STATE OR FOREIGN COUNTRY WHERE THE CORPORATION, PARTNERSHIP, OR OTHER LEGAL ENTITY IS RECORDED:

PLACE: \_\_\_\_\_ CORP.NO. \_\_\_\_\_

- b. If you are a **Corporation**: Is your stock or the stock of a company owning at least 10% of your corporation publicly traded on a national securities quotation system or stock exchange? ☐ YES \_\_\_\_\_ ☐ NO  
IDENTIFY THE EXCHANGE

- c. Are you a registered non-profit entity? ☐ YES ☐ NO

- d. If you are a **motor club**, are you certified under Part 5 of Division 2 of the Insurance Code? ☐ YES

- 7.a. Provide complete information for all Owners, Officers, Partners, and/or Sole Proprietors who are natural persons, including identifying each person who owns/controls 10% or more of the business or has claim to 10% or more of its net income:

(1) Full name \_\_\_\_\_ Position(s) \_\_\_\_\_

BUSINESS TELEPHONE:

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

(\_\_\_\_)

RESIDENCE ADDRESS:

BUSINESS ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_Driver's license or identification number: \_\_\_\_\_ Issued in: \_\_\_\_\_  
STATE OR FOREIGN COUNTRYDoes this person have ownership interest? ☐ YES ☐ NOIf "YES," **Owner's** Social Security Number (SSN): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

(2) Full name \_\_\_\_\_ Position(s) \_\_\_\_\_

BUSINESS TELEPHONE:

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

(\_\_\_\_)

RESIDENCE ADDRESS:

BUSINESS ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_Driver's license or identification number: \_\_\_\_\_ Issued in: \_\_\_\_\_  
STATE OR FOREIGN COUNTRYDoes this person have ownership interest? ☐ YES ☐ NOIf "YES," **Owner's** Social Security Number (SSN): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

(3) Full name \_\_\_\_\_ Position(s) \_\_\_\_\_

BUSINESS TELEPHONE:

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

(\_\_\_\_)

RESIDENCE ADDRESS:

BUSINESS ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_Driver's license or identification number: \_\_\_\_\_ Issued in: \_\_\_\_\_  
STATE OR FOREIGN COUNTRYDoes this person have ownership interest? ☐ YES ☐ NOIf "YES," **Owner's** Social Security Number (SSN): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

7.b. Businesses or other legal entities which own or control 10% or more of the registering business or which have claim to 10% or more of the registering business' net income:

(1) Name of business: \_\_\_\_\_

Type of business: \_\_\_\_\_

State or foreign country where formed: \_\_\_\_\_

PRINCIPAL OFFICE ADDRESS, INCLUDING COUNTRY

(2) If Owner is itself a Corporation or Partnership, enter the name of that Corporation's or Partnership's CEO, General or Managing Partner, position and residence address:

NAME AND POSITION

RESIDENCE ADDRESS, INCLUDING COUNTRY

(3) If Owner is a Trust, list all Trustees, their dates of birth, residence addresses, driver's licenses or equivalent identification numbers, and the state or foreign country where issued:

NAME

DATE OF BIRTH

RESIDENCE ADDRESS, INCLUDING COUNTRY

DRIVER'S LICENSE OR IDENTIFICATION NUMBER, STATE OR FOREIGN COUNTRY WHERE ISSUED

8.a. Has the registering Seller of Travel, Principal (Owner, Officer, Partner, or Sole Proprietor), or any other Seller of Travel owned or managed by any Owner or Principal of this registering Seller of Travel, or that Seller of Travel itself, had entered against that person or entity any judgment, including a stipulated judgment, order, made a plea of nolo contendere or guilty, or been convicted of any criminal violation? Include in your answer anyone listed in Question 7a and 7b. Identify the person, the name and address of the court or administrative agency which rendered the judgment, order, or conviction, the docket number, and the date of the judgment, order, or conviction. Identify the nature of the case or judgment. Disclosures about marital dissolution, child support, and child custody proceedings are not required. You are not required to disclose citations for parking, motor vehicle or local offenses under code or ordinance for which the sole penalty imposed was a fine of \$250 or less.

☐ YES ☐ NO

8.b. Provide the following information for each Seller of Travel, Owner or Principal for whom "YES" was given:

(1) Name of Seller of Travel, Owner or Principal \_\_\_\_\_

Name and Address of the Court or administering agency rendering the judgment, order or conviction:

Docket number: \_\_\_\_\_

Date of judgment or order: \_\_\_\_\_

Describe the nature of the case or judgment: \_\_\_\_\_

DUPLICATE ON ADDITIONAL ATTACHED PAGES THAT INFORMATION SET FORTH IN (1) FOR EACH ADDITIONAL JUDGMENT, ORDER OR CONVICTION, IF NECESSARY.

9. Do you or will you sell, market, or distribute "travel certificates"? ☐ YES ☐ NO

If "YES," attach a copy of the travel certificate. ☐ ATTACHED

10. Complete this Attachment even if you do not currently hold an appointment from ARC or IATAN.

**Seller Of Travel Authorization For Disclosure Of  
Information Held By Service Providers, Carriers, Other Sellers Of Travel,  
The Airlines Reporting Corporation (ARC), Or  
International Association Of Travel Agents Network (IATAN)**

Business and Professions Code Section 17550.21(g)(4) states that the Seller of Travel shall file with the Attorney General a signed and dated document which is "a consent form consenting to the Attorney General, a district attorney, or their representatives obtaining directly from the Airlines Reporting Corporation, International Association of Travel Agents Network, a seller of transportation, provider of transportation, or provider of travel services any information related to an investigation of a seller of travel's compliance with this section. The consent form shall be provided by the Attorney General."

**Consent Form**

The Seller of Travel identified below irrevocably consents to the California Attorney General, District Attorney of any County within California, or their authorized representatives obtaining any information related to an investigation of a Seller of Travel's compliance with Business and Professions Code Section 17550.21.

**Firm name and address of principal place of business:**

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**Consent to the above is hereby given:**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

(Attachment 200, page 1 of 1)

11.a. Check only one box:

Your sales of air or sea transportation, tour packages, and travel services consist of:

- ☐ 100% retail sales made directly to the public, end user, or passenger.
- ☐ A mixture of retail and non-retail sales, such as wholesale, tour package, or consolidator transactions.
- ☐ 100% non-retail sales. No direct sales are made to the public, end user, or passenger.

11.b. Do you advertise or make sales to customers located in California only from locations that are in California?

☐ YES ☐ NO

11.c. Do you currently hold an ARC appointment?

☐ YES ☐ NO

11.d. Do you wish to be exempt from the Trust Account or Seller of Travel Surety Bond requirement?

- ☐ YES I elect and qualify for the exemption from maintaining a Trust Account or Surety Bond for all retail transactions.
- ☐ NO I do not seek exemption from maintaining a Trust Account or Surety Bond regardless of whether or not I qualify.

12.a. This business has had the **same legal form** (for example, as a Corporation, Partnership, Sole Proprietorship, etc.) continuously for the three years prior to the filing date of this registration. (You must check the NO box if your business has been in existence as a Seller of Travel for less than three years, or is less than 3 years old.)

☐ YES ☐ NO

12.b. Has your business continuously had the **same owners** (whether persons or legal entities) in the three years prior to the filing date of this registration? [You may exclude consideration of any former owners (whether persons or legal entities) who have ceased being owners during the past three years. Also, you need only consider owners that have a 10% or greater ownership interest.]

☐ YES ☐ NO

12.c. If **"NO,"** has your business been acquired by, or formed by, a registered Seller of Travel that has itself been in business under the same ownership for a period of three years prior to the filing date of your application?

☐ YES ☐ NO

If **"YES,"** fill in the Seller of Travel registration number \_\_\_\_\_ of the business that acquired or formed your business. Fill in The Business Name \_\_\_\_\_ of the acquiring/forming Seller of Travel. Fill in the address and ARC/IATAN Number(s) of the acquiring/forming Seller of Travel:

ADDRESS	CITY	STATE	ZIP	ARC/IATAN NUMBER (IF ANY)
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#### CONSUMER PROTECTION DEPOSIT PLAN:

13.a. Sellers of Travel who are otherwise required to maintain a Trust Account or Surety Bond may instead elect to participate in the United States Tour Operators Association Consumer Protection Deposit Plan or any other Consumer Protection Deposit Plan which has been approved by the Attorney General. A Consumer Protection Deposit Plan, by statute, requires depositing with the Administrator of the Plan a minimum of \$1,000,000. Attach the original letter from the Plan Administrator showing your participation in this Plan if you have elected this option.

☐ ATTACHED

**CONSUMER PROTECTION ESCROW PLAN:**

- 13.b. Sellers of Travel who are otherwise required to maintain a Trust Account or Surety Bond may instead elect to participate in an approved Consumer Protection Escrow Plan which requires full compliance with Section 17550.16(c). Attach the original letter from the Plan Administrator showing your participation in this Plan if you have elected this option.

☐ ATTACHED

14. You must use a Trust Account or obtain a Surety Bond to protect client funds if any of the following apply:

- a) your business is less than three years old;
- b) your business has an Owner who acquired an ownership within the last three years;
- c) you described your sales in answer to Question 11a as either a "mixture of retail and non-retail sales" or as "100% non-retail sales;"
- d) you do not hold an ARC appointment;
- e) you do not participate in an approved Consumer Protection Deposit or Consumer Protection Escrow Plan; or
- f) you are otherwise disqualified for the exemption under Business & Professions Code Section 17550.16(a).

- 14.a. Identify all of your Trust Account(s):

**(An ARC Trust Account does not qualify as the Seller of Travel Trust Account.)**

Financial institution and branch location: Trust Account name(s) and number(s):

BANK NAME

TRUST ACCOUNT NUMBER

ADDRESS

TRUST ACCOUNT NAME AS SHOWN IN BANK RECORDS

CITY

STATE / COUNTRY

ZIP

- (1) Make additional copies of the enclosed, blank **Attachment 100** (Seller Of Travel Authorization for Disclosure of Business Records). Each Principal (Owner, Officer, Partner, or Sole Proprietor) listed in Questions 7a and 7b must complete and sign a copy of Attachment 100.

☐ ATTACHED

- (2) Attach a signed copy of the enclosed **Attachment 300** (Seller Of Travel Trust Account Delegation of Trustee Responsibilities) if you delegate to any officer or employee the management of the trust account. Do not include Attachment 300 if you do not make such a delegation.

☐ ATTACHED

- 14.b. Identify your qualifying Surety Bond obtained as an alternative to depositing 100% of client funds into a Trust Account if you have elected this option:

**(A bond or letter of credit payable to ARC ("an ARC Bond") does not qualify as the Seller of Travel Surety Bond.)**

Surety Bond Issuer: Amount of Bond:

Attach a copy of the Seller of Travel Surety Bond and your completed Attachment 400:

☐ ATTACHED

14a(1). Make sufficient copies of this blank Attachment 100. Each Principal (Owner, Partner, Officer, or Sole Proprietor) identified in Question 7a must sign and date a copy. An authorized representative of each legal entity listed in Question 7b must also sign and date a copy.

**Seller Of Travel  
Authorization For Disclosure  
Of Business Records**

I, \_\_\_\_\_, on behalf of  
PRINT NAME OF PRINCIPAL (OWNER, PARTNER, OFFICER)

\_\_\_\_\_  
PRINT SELLER OF TRAVEL'S BUSINESS NAME

\_\_\_\_\_  
PRINT ADDRESS OF SELLER OF TRAVEL'S PRINCIPAL PLACE OF BUSINESS

\_\_\_\_\_

and as required by Business and Professions Code sections 17550.15(f)(2) and 17550.21(h), hereby provides the Attorney General an irrevocable agreement allowing the Attorney General, a district attorney, or their representatives, upon written request, to examine and obtain copies of all business records, including, but not limited to, those related to the trust account wherever those records may be, and including, but not limited to, those records relating to any travel business account, or any account used for any travel business transaction, or account at any financial institution or credit union to which trust funds have been deposited. This authorization remains in effect as long as the Seller of Travel, financial institution, or other custodian of records retains records.

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE

14a (2).

## Seller Of Travel Trust Account Delegation Of Trustee Responsibilities

This form should be completed if the statutory trustee of a trust account established and maintained pursuant to Business and Professions Section 17550.15 wishes to authorize a specific officer or employee to manage such account under his/her supervision and control, as permitted by Section 17550.15(e). If the trustee does not wish to delegate any or part of his/her responsibilities, this form does not need to be completed.

“The seller of travel shall serve as trustee of the trust accounts required by this article. If an individual person is the seller of travel, the individual person shall be the trustee; if the seller of travel is a corporation, partnership, limited liability company, or other legal entity, a managing partner or partners, or the chief executive officer of the corporation, or executive officer or manager of a limited liability company shall be the trustee. The trustee may designate in writing that an officer or employee may manage the trust account if that officer or employee is under the trustee's supervision and control, and the original of that writing is on file with the Attorney General's office.”

### Designate the Officer or Employee to whom Trustee responsibilities are delegated below:

Officer's or Employee's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

This individual has ownership interest: ☐ YES ☐ NO

Officer's/Employee's principal residence address: \_\_\_\_\_ Business address: \_\_\_\_\_

\_\_\_\_\_  
RESIDENCE ADDRESS

\_\_\_\_\_  
BUSINESS ADDRESS

\_\_\_\_\_  
CITY STATE/COUNTRY ZIP

\_\_\_\_\_  
CITY STATE /COUNTRY ZIP

Driver's license or identification number: \_\_\_\_\_ Issued in: \_\_\_\_\_  
STATE OR FOREIGN COUNTRY

Signature of Officer/Employee to whom responsibilities are delegated: \_\_\_\_\_

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE

### Principal (Owner, Officer, Partner, or Sole Proprietor) who authorizes delegation of Trustee Responsibility:

Delegation authorized by: \_\_\_\_\_

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
PRINT NAME



15. **AMENDMENTS & TRANSFERS OF OWNERSHIP:** You must file an amendment with the Seller of Travel Program if there is a change in the information you have supplied prior to the expiration of your annual registration. Use **Attachment 600** for adding or deleting owners or partners or creating encumbrances. You must submit Attachment 600 at least ten days prior to the effective date of any transfer of ownership. For other changes use **Attachment 500** or write a letter noting the amendments and submit it within 10 days of the change.
- 
16. **FEES:** Calculate your registration fee and, if appropriate, a late fee payable to the Department of Justice:
- a. Number of business locations, including principal place of business, from Question 4f: \_\_\_\_\_
  - b. **Registration Fee:** multiply the total number of locations from Question 16a by \$100: \$ \_\_\_\_\_
  - c. **Late Fee:** A late fee is due with your application if you postmark your registration later than your filing deadline. The filing deadline is ten days prior to doing business in the State of California. Calculate your late fee by determining:
    - d. Number of days from the first day following your registration filing deadline to the postmark date. (Example: You began business on June 15. Your due date was June 5. You postmark your registration June 30. From June 5 to June 30 is 25 days late.) \_\_\_\_\_
  - e. Multiply the number of days late in 16d by \$5 per day, not to exceed the maximum \$500: \$ \_\_\_\_\_
  - f. Total amount enclosed including the registration fee from Question 16b plus any late fee from Question 16e. \$ \_\_\_\_\_
  - g. Attach a check or money order for the total fee required from Question 16f and make it payable to the **Department of Justice**. Fill in your check or money order number: \_\_\_\_\_

**IMPORTANT:** Make a copy of this completed application packet for your records!

Mail to: **Seller of Travel Program  
Office of the Attorney General  
Department of Justice  
300 South Spring Street, Suite 1702  
Los Angeles, CA 90013-1230**

17. **TRAVEL CONSUMER RESTITUTION CORPORATION PARTICIPATION:** Participation in Travel Consumer Restitution Corporation (TCRC) is required for all sellers of travel whose business is headquartered within the State of California and who do business with consumers in California, and any corporation publicly traded on a national securities quotation system or stock exchange doing business in California from at least one location in California.

TCRC fees must be paid directly to TCRC. TCRC will send proof of payment directly to the Seller of Travel Program.

**CAUTION: Do not pay your seller of travel registration fee or late fee from any trust account**

**established pursuant to Section 17550.15. Disbursement of passengers' funds for purposes other than payment for contracted goods and services or to make refunds may be a crime.**

Check one of the two following boxes:

- ☐ Applicant is a participant in TCRC; or
- ☐ Applicant is not a participant in TCRC because (please check all that apply):
- a. ☐ the business is headquartered outside the State of California;
  - b. ☐ the business does not do business with persons located in California;
  - c. ☐ the business does not conduct business from any location within California; and/or
  - d. ☐ the applicant corporation is not publicly traded on a national securities quotation system or stock exchange.

## Verification Page

18. All Principals (Owners, Officers, Partners, or Sole Proprietors) of the registering Seller of Travel must date, sign, fill in the city and state where they sign, and print their name. All corporations, partnerships, or trusts having an investment in the filer as identified in Question 7b must have a duly authorized officer of the owning corporation, partnership, or trust date, sign, and print their name below and fill in the city and state where signed. All signatures must be original. A faxed, photocopied, or stamped signature is not acceptable because this is a legal document signed under penalty of perjury. Original signatures may be on separate copies of this verification page:

**I/we declare under penalty of perjury under the laws of the State of California that all of the information provided in answer to questions 1-18 and the Attachments, is true and correct.**

(1) \_\_\_\_\_  
DATED SIGNATURE \_\_\_\_\_  
\_\_\_\_\_  
SIGNED AT: CITY, STATE PRINT NAME \_\_\_\_\_

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(2) \_\_\_\_\_  
DATED SIGNATURE \_\_\_\_\_  
\_\_\_\_\_  
SIGNED AT: CITY, STATE PRINT NAME \_\_\_\_\_

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(3) \_\_\_\_\_  
DATED SIGNATURE \_\_\_\_\_  
\_\_\_\_\_  
SIGNED AT: CITY, STATE PRINT NAME \_\_\_\_\_

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(4) \_\_\_\_\_  
DATED SIGNATURE \_\_\_\_\_  
\_\_\_\_\_  
SIGNED AT: CITY, STATE PRINT NAME \_\_\_\_\_

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(5) \_\_\_\_\_  
DATED SIGNATURE \_\_\_\_\_  
\_\_\_\_\_  
SIGNED AT: CITY, STATE PRINT NAME \_\_\_\_\_

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(6) \_\_\_\_\_  
DATED SIGNATURE \_\_\_\_\_  
\_\_\_\_\_  
SIGNED AT: CITY, STATE PRINT NAME \_\_\_\_\_

Bond Number \_\_\_\_\_ Premium \$ \_\_\_\_\_ Term \_\_\_\_\_

**Know all persons by these presents:**

That \_\_\_\_\_  
NAME OF PRINCIPAL (OWNER, OFFICER, PARTNER, OR SOLE PROPRIETOR) FOR SELLER OF TRAVEL

as principal, doing business under the name of

\_\_\_\_\_  
NAME OF SELLER OF TRAVEL

a Seller of Travel, and whose address for service is

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

and \_\_\_\_\_, a corporation  
NAME OF SURETY

admitted to transact a general surety business in the State of California, as surety, and whose address for service is:

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

are held and firmly bound to the State of California in the penal sum of \$ \_\_\_\_\_, for the payment of which we bind ourselves, our heirs, executors, successors and assigns, jointly and severally, firmly by these presents.

**WHEREAS**, the provisions of Section 17550.15(k) of the Business and Professions Code allow the principal to file or have on file with the California Attorney General's office an adequate bond as defined in Business and Professions Code Section 17550.11, in lieu of the trust account described in Business and Professions Code Section 17550.15(b), this bond is executed and tendered in accordance with Section 17550.15(k).

**NOW THEREFORE**, the conditions of the foregoing obligation are that if the principal complies with the provisions of Article 2.6 (commencing with Section 17550) of Chapter 1 of Part 3 Division 7 of the Business and Professions Code of the State of California and if no person suffers pecuniary loss in any transaction subject to said Article then this obligation is to be void; otherwise it is to remain in full force and effect.

**PROVIDED HOWEVER**, this bond is issued subject to the following express conditions:

1. This bond shall be deemed continuous in form and shall remain in full force and effect for all liabilities incurred before, and for acts, omissions, or causes existing or which arose before, the cancellation or withdrawal of the Surety from the bond.
2. The bond is executed by the Surety to comply with, and the bond shall be subject to, the provisions of Article 2.6 (commencing with Section 17550) of Chapter 1 of Part 3 of Division 7 of the Business and

Professions Code and, except to the extent of any inconsistency with that Article 2.6, to the provisions of Chapter 2 (commencing with Section 995.010) of Title 14 of Part 2 of the Code of Civil Procedure.

3. The conditions of the bond are set forth in Business and Professions Code Section 17550.11; and, specifically, any passenger who sustains a monetary loss as a result of any violation of Article 2.6 by a Seller of Travel or any governmental entity may bring an action against both the principal and sureties on this bond.

4. The Surety agrees to promptly furnish written notice to the Office of the Attorney General, Seller of Travel Program, at the address set forth below, of all claims made, suits filed, judgments rendered, and payments made by said Surety under this bond.

5. The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

6. This bond may be canceled by the Surety in accordance with the provisions of Business and Professions Code Section 17550.11(a).

I declare under penalty of perjury under the laws of the State of California that I am the principal or an officer or agent of the principal with the authority to execute this document on behalf of the principal.

Executed at \_\_\_\_\_ on \_\_\_\_\_.  
CITY AND STATE DATE

SIGNATURE OF PRINCIPAL OF SELLER OF TRAVEL

PRINT OR TYPE NAME OF PRINCIPAL OF SELLER OF TRAVEL

POSITION (e.g. PRESIDENT, ATTORNEY-IN-FACT OF SOT)

STREET ADDRESS OF SELLER OF TRAVEL

CITY STATE ZIP

NAME OF OFFICER OF SURETY

NAME OF SURETY

STREET ADDRESS

STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

This bond is executed under an unrevoked appointment or power of attorney.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed at \_\_\_\_\_  
CITY AND STATE DATE

SIGNATURE OF ATTORNEY-IN-FACT FOR SURETY

PRINT OR TYPE NAME OF ATTORNEY-IN-FACT FOR SURETY

Complete, keep a copy for your records, and mail to:

**Seller of Travel Program  
Office of the Attorney General  
Department of Justice  
300 South Spring Street, Suite 1702  
Los Angeles, CA 90013-1230**

You must file an amendment containing your new information and any applicable Attachments (100, 300 and/or 400) with our office within 10 days of a change in the information you have supplied the Seller of Travel Program. You must use Attachment 600 for adding or deleting Owners or Partners. You may use this form to file any other new information.

If you were registered as **Trust Account Exempt**, some changes in the information requested in Questions 11 or 12 may end the exemption and you may now be required to provide the information asked for in Questions 13 or 14 and provide the completed Attachments 100, 300 and/or 400.

Any Principal (Owner, Officer, Partner, or Sole Proprietor) who signed the original application must sign and date this form. A Corporation traded on a national stock exchange may have this form signed by an authorized Officer. An authorized Owner, Partner, or Officer may sign if your registration is in a renewal year.

Provide the question number and the new information below. Attach additional pages as needed. Use a separate sheet of paper for each question number. If applicable, supply new attachments which include the change.

Your Seller of Travel Program file or registration number: \_\_\_\_\_

QUESTION  
NUMBER

NEW  
INFORMATION

**I declare under penalty of perjury under the laws of the State of California that all of the information provided above, including applicable attachments, is true and correct, and is the only material change to this seller's latest filed registration or renewal application and amendments thereto.**

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNED AT: CITY, STATE

\_\_\_\_\_  
PRINT NAME & POSITION

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNED AT: CITY, STATE

\_\_\_\_\_  
PRINT NAME & POSITION

Complete, make a copy for your records, and mail to:

**Seller of Travel Program  
Office of the Attorney General  
Department of Justice  
300 South Spring Street, Suite 1702  
Los Angeles, California 90013-1230**

1. The selling or transferring owner must file Attachment 600 with the Seller of Travel Program if you intend to complete a sale, transfer, or encumbrance of an ownership interest in the business or its income. Use Attachment 500 to submit other changes to information previously provided to the Seller of Travel Program. This form must be filed not less than 10 days **before** the transfer. **Until the time Attachment 600 is filed, the selling, encumbering, or transferring Owner is responsible for all acts of and obligations imposed by law on the transferring Owner to the same extent as the Owner would have been responsible had there been no transfer, sale, or encumbrance.** Any selling or transferring Owner must sign and date this form; however, if you are a corporation traded on a national stock exchange, then only one duly authorized Officer need sign, or if your registration is in a renewal year, then only one duly authorized Owner, Partner, or Officer need sign. Attach additional pages as needed and such Attachment forms as apply to the new Owners if the registered business is continuing. If a new business entity will be operating, the new Seller of Travel must submit a new registration at least 10 days before doing business.
  2. You are required to provide all the information required by 17550.21(d) which applies to the purchasers and transferees. This includes the business and residential addresses, business telephone number, driver's license number and state of issuance or equivalent personal identification, date of birth of each Principal (Owner, Officer, Partner, or Sole Proprietor), and the Social Security Number of each Owner.
  3. If you were registered as **Trust Account exempt**, some changes of ownership may end the exemption and you may now be required to provide the information asked for in Questions 13 or 14 and provide the completed Attachments 100, 300, and/or 400.
  4. Seller of Travel Program file or registration number: \_\_\_\_\_
  5. The intended date of transfer: \_\_\_\_\_
  6. Owners and Officers to be deleted from the current registration: \_\_\_\_\_
  - 7.a. Provide complete information for all Principal (Owner, Officer, Partner, or Sole Proprietor) who are natural persons and for each person who owns/controls 10% or more of the business or has claim to 10% or more of its net income:
    - (1) Full name \_\_\_\_\_ Position(s) \_\_\_\_\_
    - BUSINESS TELEPHONE: \_\_\_\_\_
    - Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_) \_\_\_\_\_
    - RESIDENCE ADDRESS: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_
    - \_\_\_\_\_  
\_\_\_\_\_
- Driver's license or identification number: \_\_\_\_\_ Issued in: \_\_\_\_\_
- Does this person have ownership interest? ☐ YES ☐ NO
- Owner's Social Security Number (SSN): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

STATE OR FOREIGN COUNTRY

(2) Full name \_\_\_\_\_ Position(s) \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

Driver's license or identification number: \_\_\_\_\_ Issued in: \_\_\_\_\_

STATE OR FOREIGN COUNTRY

Does this person have ownership interest? ☐ YES ☐ NO

Owner's Social Security Number (SSN): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

(Attachment 600, page 1 of 3)

7.b. Legal entities which own/control 10% or more of the entity or have claim to 10% or more of net income:

(1) Name of legal entity: \_\_\_\_\_

Type of legal entity: \_\_\_\_\_

State or foreign country where formed: \_\_\_\_\_

\_\_\_\_\_  
PRINCIPAL OFFICE ADDRESS, INCLUDING COUNTRY

(2) If Owner is itself a Corporation or Partnership, enter the name of that Corporation's or Partnership's CEO, General or Managing Partner, position and residence address:

\_\_\_\_\_  
NAME AND POSITION

\_\_\_\_\_  
RESIDENCE ADDRESS, INCLUDING COUNTRY

(3) If Owner is a Trust, list all Trustees, dates of birth, residence addresses, driver's licenses or identification numbers, and the state or foreign country where issued:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
RESIDENCE ADDRESS, INCLUDING COUNTRY

\_\_\_\_\_  
DRIVER'S LICENSE OR IDENTIFICATION NUMBER, STATE OR FOREIGN COUNTRY WHERE ISSUED

**Include Attachment 200 for registrants continuing in business with new Owners.**

*If applicable, also include:*

Attachment 100, required for all Trust Account users;

Attachment 300, required for delegation of Trust Account responsibilities;

Attachment 400, for using a Seller of Travel Surety Bond;

Attachment 500, if the answers to Questions 2, 8a, and 8b require new or additional information regarding the new Owner. Revisions to other information you have submitted may be provided on this Attachment. Use an additional separate page for each question.

An amendment to an **original** application must be signed by each Principal (Owner, Officer, Partner, or Sole Proprietor) of the Seller of Travel. A corporation publicly traded on a national securities quotation system or stock exchange doing business from at least one location in California may have a duly authorized Officer of the corporation sign.

An amendment to a **renewal** application may be signed by the Chief Executive Officer of a corporation, managing partner of a partnership, or manager of a limited liability company.

Make a copy for your records and mail the original to:

**Seller of Travel Program  
Office of the Attorney General  
Department of Justice  
300 South Spring Street, Suite 1702  
Los Angeles, CA 90013-1230**

(Attachment 600, page 2 of 3)

## VERIFICATION For Attachment 600

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**I declare under penalty of perjury under the laws of the state of California that all of the information provided above, including applicable attachments, is true and correct, and is the only material change to this seller's most recent previously filed registration or renewal application and the latest amendments thereto.**

---

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNED AT: CITY, STATE

\_\_\_\_\_  
PRINT NAME & POSITION

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNED AT: CITY, STATE

\_\_\_\_\_  
PRINT NAME & POSITION

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNED AT: CITY, STATE

\_\_\_\_\_  
PRINT NAME & POSITION

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNED AT: CITY, STATE

\_\_\_\_\_  
PRINT NAME & POSITION

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNED AT: CITY, STATE

\_\_\_\_\_  
PRINT NAME & POSITION



Failure to provide this information will not prevent you from obtaining a registration certificate provided that you otherwise provide all of the information which is mandatory. However, please be advised that the Act does require these disclosures and the failure to provide them to your customers may result in civil or criminal penalties.

All sellers of travel are asked to provide to the Seller of Travel Program a copy of a printed invoice, brochure, or other sales document that illustrates the disclosures that you, the Seller of Travel, make to passengers, as required by Section 17550.13 of the Seller of Travel Act. Your disclosure statements to customers must include the following disclosures:

- 1) Your business name, business address, and business telephone number.
- 2) The total amount to be paid by or on behalf of the passenger.
- 3) The name of the provider of the air or sea transportation, and the date, time and place of each departure, or the conditions under which the date, time, and place of departure will be determined.
- 4) All terms and conditions that relate to the air or sea transportation or travel services being purchased by the passenger, including any penalties or cancellation conditions. You must provide any universal or standard terms of your transportation or travel service suppliers, and indicate in detail how and where you, the Seller of Travel, will include individualized or customized terms of sale to the passenger.
- 5) A clear and conspicuous statement that upon cancellation of the transportation or travel services, all sums paid to you, the Seller of Travel, for services not provided to the passenger, will be promptly paid to the passenger, when the passenger is not at fault and had not canceled in violation of any terms previously clearly and conspicuously disclosed to and agreed to by the passenger, and unless the passenger otherwise advises the Seller of Travel in writing, upon cancellation.
- 6a) Whether or not you, the Seller of Travel, are required by the Seller of Travel Program to have a trust account or to have a surety bond. If you, the Seller of Travel, are required to have such a trust account or surety bond, a clear and conspicuous disclosure, filling in the correct, pertinent information, stating, "California law requires certain sellers of travel to have a trust account or bond. This business has [a trust account] / [a bond issued by {company name} in the amount of {\$x}]."
- 6b) If you, the Seller of Travel, are not required to have either a trust account or a surety bond because you, the Seller of Travel, are a participant in a Consumer Protection Deposit plan that has been approved by the Attorney General, you must make a clear and conspicuous disclosure that the passenger has a right to make a claim on the plan. That notice shall include a description of the losses covered, the method for making a claim, the time limit within which the claim shall be made, and the amount which may be claimed. OR
- 6c) If you, the Seller of Travel, are not required to have either a trust account or a surety bond because you, the Seller of Travel, are a participant in a Consumer Protection Escrow plan that has been approved by the Attorney General, you must make a clear and conspicuous disclosure that the passenger has a right to make a claim on the plan. That notice shall include a description of the losses covered, the method for making a claim, the time limit within which the claim shall be made, and the amount which may be claimed.

- 7a) Whether or not you, the Seller of Travel, are a participant in the Travel Consumer Restitution Fund (TCRF). If you, the Seller of Travel, are a participant in the TCRF, you must make a clear and conspicuous disclosure that the passenger has a right to make a claim on the fund. That notice shall include a description of the losses covered, the method for making a claim, the time limit within which the claim shall be made, and the amount which may be claimed.

Also, if you, the Seller of Travel, have your principal place of business within the state of California and **the passenger** is located **outside** of California, you, the Seller of Travel, must make a clear and conspicuous disclosure that the transaction is NOT covered by the Travel Consumer Restitution Fund. That disclosure must be made both orally and in writing.

- 7b) If you, the Seller of Travel, are NOT a participant in the Travel Consumer Restitution Fund (TCRF) you must make a clear and conspicuous disclosure that you are NOT a participant in the Travel Consumer Restitution Fund. The disclosure about participation in the TCRF must be made both orally and in writing.

For Model Disclosure Language, please review the document prepared by the Seller of Travel Program which accompanies this application. If you do not have it, you may request the document by fax from the Seller of Travel Program: 213-897-8065.

ATTACH AN EXAMPLE OF THE **DISCLOSURES** YOU MAKE TO PASSENGERS.

Your example should include all information that is required to be disclosed to passengers.

☐ Disclosures Attached.